

Application Data Sheet

Application Information

Application number::

Filing Date:: 02/04/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PROPHYLACTIC AND THERAPEUTIC
TREATMENT OF INFECTIOUS AND OTHER
DISEASES WITH IMMUNOEFFECTOR
COMPOUNDS

Attorney Docket Number:: 014058-016300US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jory

Middle Name:: R.

Family Name:: Baldrige

Name Suffix::

City of Residence:: Victor

State or Province of Residence:: MT

Country of Residence:: US

Street of Mailing Address:: 1862 Mountain Meadow Lane

City of Mailing Address:: Victor

State or Province of mailing address:: MT

Country of mailing address:: US

Postal or Zip Code of mailing address:: 59875

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: A.

Family Name:: Johnson

Name Suffix::

City of Residence:: Hamilton

State or Province of Residence:: MT

Country of Residence:: US

Street of Mailing Address:: 121 Woodland Way
City of Mailing Address:: Hamilton
State or Province of mailing address:: MT
Country of mailing address:: US
Postal or Zip Code of mailing address:: 59840

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Christopher
Middle Name:: W.
Family Name:: Cluff
Name Suffix::
City of Residence:: Hamilton
State or Province of Residence:: MT
Country of Residence:: US
Street of Mailing Address:: 516 South 6th Street
City of Mailing Address:: Hamilton
State or Province of mailing address:: MT
Country of mailing address:: US
Postal or Zip Code of mailing address:: 58940

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	34,774	Kevin Bastian

and the head back with the mouth open in front of the head.

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

Country::

Filing Date::

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

This sheet is not to be filed with the USPTO, but retained in the prosecution file as a record of the DOCSOpen number. Fields having no information may be deleted from the ADS. For example, if there is no foreign priority claim, the foreign priority text may be deleted from the ADS.

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